

# Redetermination: A Webinar for MCOs



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LTSS

# Today's Presenter

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# Overview

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# LTSS and Redetermination

- TennCare must redetermine financial eligibility for members every 12 months under federal law.
- Redetermination has been on hold since 2018 to implement TennCare Connect.
- Starting February 2020, redetermination packets will be mailed out to CHOICES members in a nursing facility.
- Starting in May 2020, redetermination packets will be mailed out to CHOICES HCBS and Employment and Community First CHOICES.
- Members who receive SSI are not subject to redetermination by TennCare. (The Social Security Administration does this.) If an individual loses SSI and is granted eligibility in another TennCare category, they will be subject to redetermination in the future.

# LTSS and Redetermination

- CHOICES members subject to redetermination must complete the TennCare redetermination process in order to maintain their eligibility.
- If a member doesn't return the completed packet (through the TennCare Access Portal, by phone, mail or fax) their enrollment will be terminated.
- Unlike in previous years, TennCare will not be able to extend eligibility to allow more time to complete the packet. CHOICES member's eligibility will end if they fail to return a packet timely.
- Please be aware of due dates and timelines for all TennCare members who are residents in the nursing facility.



# The Process



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# What Will Happen

- TennCare will send a list to the MCO each month.
- The list will detail which of your members will go through redetermination for that month.



# What Will Happen- Nursing Facility Members

- TennCare will mail packets to nursing facility residents on a monthly basis starting in February 2020.
- At this time, the MCO must start their outreach efforts to members in the nursing facility.
- The MCO will let each nursing facility know of individuals selected for redetermination each month.



# What Will Happen- HCBS and Employment and Community First CHOICES Members

- TennCare will mail packets to CHOICES HCBS and Employment and Community First CHOICES members on a monthly basis starting in May 2020.
- At this time, the MCO must start their outreach efforts to HCBS and Employment and Community First CHOICES members on a monthly basis.
- The MCO shall also inform each HCBS participant of his/her eligibility redetermination date, educate members regarding the importance of maintaining TennCare eligibility and offer assistance as needed in completing the redetermination packet.

# Redetermination Packet

- Each initial redetermination packet will include pre-populated information about that individual (and others in the same “case”, as applicable). It will also have a pre-populated due date.
- The individual **MUST** use the pre-populated redetermination packet. You cannot use a blank one.
- The due date will be 40 calendar days from the initial populated date.
- The deadline will be printed in the packet.

# MCO Responsibilities

- Each MCO will offer assistance to their members in completing the renewal packet (e.g., collecting appropriate documentation and completing the necessary forms), as needed or requested.
- For CHOICES members residing in a NF, this includes notifying the NF of residents subject to redetermination each month and coordination with the NF to provide necessary assistance.
- MCOs will be expected to provide reports to TennCare regarding these activities.

# Blank Packets

- Blank packets are not available for redetermination any longer.
- Please DO NOT use blank packets from previous years. They will not be accepted.
- TennCare Access Portal will alleviate the need to use blank packets.
- If you need a replacement packet, please contact TennCare Connect, 855-259-0701.



# Returning Packets to TennCare

- **TennCare Access Portal-** Visit <https://tenncareconnect.tn.gov> and log in using your TennCare Connect account. Then click “Renew my Coverage”.
  - **Preferred option for returning the redetermination packet.**
- **Call** *TennCare Connect* for free at 855-259-0701 to renew their coverage over the phone.
- **Mail** their completed and signed Renewal Packet to:  
TennCare Connect  
P.O. Box 305240  
Nashville, TN 37230-5240
- **Fax** their completed and signed Renewal Packet to: 855-315-0669  
Be sure to keep the page that says the fax went through.

# Requests for Additional Information

- TennCare may need proof of income, residence, etc.
- Notices will be mailed requesting proof of certain information and responses must be submitted within 20 days.
- Failure to return this information timely will result in eligibility being terminated.
- Those verifications may be mailed, faxed, or uploaded online directly into the member's account through either a TennCare Connect account created by the member or through the MCO's TennCare Access Portal.

# Failure to Return

- If the individual fails to return the packet, a *Failure To Return* letter will be mailed.
- This letter will give the individual 20 calendar days advance notice that their eligibility will end if a completed packet is not received.
- If the packet is not returned before this date, the person's Medicaid will be ended.

# Failure to Return- Your Responsibilities

- On a monthly basis, TennCare will send the Failure to Return List to each MCO.
- The Failure to Return List will contain CHOICES members who fail to return their initial packet within the 40 calendar day timeframe.
- At this point, you should escalate outreach efforts to include working with NFs for residents in their facilities, and providing direct assistance to individuals receiving HCBS in CHOICES or Employment and Community First CHOICES to provide needed assistance.



# Eligibility

- If an individual's eligibility is ended because of redetermination...
  - They will no longer have a payer source for *any* services, **including LTSS**.
  - If the member's eligibility is ended, the member will no longer receive payment for CHOICES services. **This includes all authorizations and payment for NF and HCBS.** TennCare will **not** be able to extend coverage, including for persons receiving LTSS unless a renewal packet or an appeal is timely received.

# Eligibility (cont.)

- If your CHOICES member eligibility is ended, you will receive this notification through the 834 report.
- Nursing Facilities must still follow all Federal Guidelines in regards to discharging an individual.

# Aligning redetermination with the annual PCSP date

- The goal is to align redetermination for HCBS participants with the annual PCSP date as soon as the system can support that functionality.
  - This means the MCO would assist the member in providing any updates or in confirming that there are no changes in order to “renew” coverage.
  - If MCOs are aligning with PCSP date, going forward, we would expect mailed packets to HCBS participants to be few.
  - It will probably take a year once the system can accommodate for everyone to “catch up.”
  - This will greatly increase the efficiency and minimize potential gaps in coverage.
- During that time, and *anytime* the renewal process isn’t completed before the 12-month renewal period comes up, HCBS participants will continue to receive a renewal packet.
  - MCOs will assist with outreach and redetermination as described.

# Contact at TennCare

- **Redeterminations:** For **redetermination**-related matters, please email [ltss.redeterminations@tn.gov](mailto:ltss.redeterminations@tn.gov).



# Additional Links

- **LTSS Redetermination page:**  
<https://www.tn.gov/content/tn/tenncare/long-term-services-supports/ltss-redetermination.html>

# Questions



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**Thank you**  
for your participation today!

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